



EFT-BIC
State Form 50109
(R / 8/01)

INDIANA DEPARTMENT OF REVENUE

Date: _____

EFT

Bank Information Change - ACH Debit

*This is for bank change only, it does **NOT** replace the Authorization Agreement Form (EFT-1).*

Indiana Taxpayer ID #: _____

(Must be 13 digits)

Company Name: _____

Tax Type(s): _____

New Bank Information

Bank ABA # (Transit Routing Number): _____

(Must be 9 digits)

Bank Account #: _____ ☐ Checking or ☐ Savings

This change must be effective by: _____

(Date)

Please print for legibility. The following information is for EFT purposes only.

Company Contact Person: _____

Address: _____

Telephone Number: _____ Ext: _____

Authorized Signature _____

Date _____

Please attach a bank information slip, voided check or a deposit slip to verify new bank information. Mail form and attachments to:

EFT Section

Indiana Department of Revenue

P.O. Box 6076

Indianapolis, IN 46206-6076

or FAX to: (317) 615-2691 Attn: EFT Section

We will confirm the requested change(s) in writing or by telephone. If you have any questions, contact the EFT Section at (317) 615-2695.